

Foster Family Home - Corrective Action Report

Provider ID: 1-631318

Home Name: Zeny Basconcillo, CNA

Review ID: 1-631318-5

94-1153 Hinaea Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 11/9/2018

End Date: 11/12/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/9/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

David A. Ayling RV
Compliance Manager

Zeny Basconcillo
Primary Care Giver

11/9/18
Date

11/09/2018
Date